


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 265-07		OMB Approval No. 0345-0038	Page of 1/1 pages
3. Recipient Organization (Name and complete address, including ZIP code) ROAR RECYCLING OUR AREA'S RESOURCES PO BOX 486 GLENNDALE AR 99558					
4. Employer Identification Number 92-0139175		5. Recipient Account Number or Identifying Number 110022-3991		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 1-1-07 To: (Month, Day, Year) 12-31-07		9. Period Covered by this Report From: (Month, Day, Year) 1-1-07 To: (Month, Day, Year) 3/31/07			
10. Transactions:		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays		0		3,000	
b. Recipient share of outlays		0		3,000	
c. Federal share of outlays		0		0.00	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share (Sum of lines c and f)				0.00	
h. Total Federal funds authorized for this funding period				29,000	
i. Unobligated balance of Federal funds (Line h minus line g)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed			
b. Rate \$0.00		c. Base \$29,000		d. Total Amount \$29,000	
				e. Federal Share \$29,000	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. No Federal \$ spent to date. ROAR HAS PAID the Coordinator to RESEARCH TRAILER COSTS.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title ELIZABETH CRIVELLO				Telephone (Area code, number and extension) 907-822-5608	
Signature of Authorized Certifying Official 				Date Report Submitted May 3, 2007	

NSN 7540-01-218-4347

269

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

ACCEPTED

ENTERED